Name in Full: Benjamin Amos

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: McDaniel — County: Harford

Date of death 1904 — Month: June — Day: 15 — Age — Years: 93 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Md

Married, Single or Widowed: Married — Occupation: Farmer

Name of Wife or Husband: Susan Robinson

Father's Name: James Amos — Father's Birthplace: Md

Mother's Maiden Name: Miss Ogden — Mother's Birthplace: Md

Name of person giving Information: Charles Kennedy — How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: Paralysis — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. F. Ashun

Address: Street

Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full

Certificate of Death

Joseph H Anderson

Died at Town Aberdeen County Harford MARYLAND

Date 1904 Month 6 Day 26 | Age Y. 88 M. D. | Nativa of Md. | Occupation None

Male White ~~Married~~ Widow ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~ ✓

Husband of —

Wife

Father's Name Jas. Anderson

Mother's Maiden Nama not given

Cause of Death: Primary Enlargement Prostate — How long sick 1 mo

Immediate Paralysis — Accident, Suicida, Homicide

Reported by J B Kenney

Address Aberdeen Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Ella E. Barrow

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hickory — County: Harford

Date of death: Month: June — Day: 20 — Year: 1904 — Age: Years: 40 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: House Keeper — Where Residing if not at place of death: Hickory

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: James Barrow — Father's Birthplace:

Mother's Maiden Name: Eliza Bull — Mother's Birthplace:

Name of person giving Imformation: Eliza Barrow — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: ten days

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: Williams S. Archer

Address: Bel Air Md

Accident or Suicide?

LIBRARY BUREAU A89516

Two Run

Name in Full

Idai Bell Calhoun

Certificate of Death

Died at Town: Near Conowingo County: Harford MARYLAND

Date 1964 Month: 6 Day: 23 | Age Y.: 40 M.: D.: | Native of Md | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living one

Husband / Wife of Thomas Calhoun

Father's Name John Layton | Mother's Maiden Name —

Cause of Death: Primary Consumption | How long sick 1 year

Immediate — | ~~Accident, Suicide, Homicide~~

Reported by J. O. Kennedy

Address Aberdeen Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: B. Franklin Carter

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Fulford — County: Harford

Date of death: Month: June — Day: 9 — Year: 1904 — Age: Years: 76 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Pa.

Occupation: Pumpmaker — Where Residing if not at place of death:

Married, ~~Single or Widowed~~ — Name of Wife or Husband: Eve Fultz

Father's Name: Wm. Carter — Father's Birthplace: Pa.

Mother's Maiden Name: Dorcas Baker — Mother's Birthplace: Pa.

Name of person giving Imformation: Lana Dunkerson — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy — How long: 1 hr

Immediate: Prostration — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jno. H. Robertson M.D.

Address: Churchville Md.

Accident or Suicide?

LIBRARY BUREAU A6931S

Name in Full: George Carter

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Bel Air — County: Harford

Date of death 1904: Month: 6 — Day: 28 — Age: Years: 35 — Months: — — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Harford Co

Married, Single or Widowed: Married — Occupation: Laborer

Name of Wife or Husband: Mary Carter

Father's Name: Jake Carter — Father's Birthplace: Md

Mother's Maiden Name: Francis Gray — Mother's Birthplace: Md.

Name of person giving information: D. Smithson — How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Small Pox confluent — How long: 14 days

Immediate: " — How long: "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. P. Smithson

Address: Forest Hill Md

Accident or Suicide?

LIBRARY BUREAU A86616

Name In Full

Certificate of Death

Delania L. Brunner

Town

Dear Churchville

County

Harford

MARYLAND

Died at

Month Day

Y. M. D.

Nativa of

Occupation

Date 19 14 June 21

Age 8

Maryland

Male

White

Married

Widow

Divorced

~~Female~~

~~Colored~~

Single

Widower

Number of children living

Husband of

Wife

Father's Name Wm Brunner

Mother's Maiden Nama

Cause of Death: Primary Lu Phing

How long sick

Immediate Pneumonia & Bronchitis

Accident, Suicide, Homicide

Reported by Thos. L. Price M.D.

Address Churchville

Must be signed by physician, if any in attendance, otherwisa by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Joppa

Died at: Town: Joppa — County: Harford

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Date of death: 1907 June 9

Age: 80 Years — Months — Days

Sex: Female

Color or Race: W Suic

Birthplace: Germany

Occupation:

Where Residing if not at place of death: Joppa

Married, Single or Widowed:

Name of Wife or Husband: John Ernst

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information: John Ernst

How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cardiac Malaneso — How long: Several Years

Immediate: Malaneso of old age — How long: 2 months

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H. H. Rogers M.D.

Address: Baltimore Md

Accident or Suicide?

LIBRARY BUREAU A83016

Name in Full: Charles U. Harwood

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Fulford — County: Harford

Date of death: Month: June — Day: 18 — 1904

Age: Years: 4 — Months: 4 — Days: 28

Sex: Male — Color or Race: White — Birthplace: Fulford

Occupation: —

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Wm. D. Harwood — Father's Birthplace: Md.

Mother's Maiden Name: Laura V. Jeffers — Mother's Birthplace:

Name of person giving Imformation: Wm. D. Harwood — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Meningitis — How long: 6 days

Immediate: Sepsis — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. A. Fleischmann M.D.

Address: Bel Air Md

Accident or Suicide?

LIBRARY BUREAU A68516

Mount Zion

Name in Full: Margaret T. Kelly

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Upper Pt. Prads — County: Harford

Date of death: 1904 — Month: June — Day: 17 — Age: Years 21 — Months 10 — Days 11

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation — Where Residing if not at place of death

Married, Single or Widowed: Single — Name of Wife or Husband: None

Father's Name: Wm J. Kelly — Father's Birthplace: Maryland

Mother's Maiden Name: Ellen Lynch — Mother's Birthplace: Maryland

Name of person giving Imformation: Wm J. Kelly — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: LaGrippe & Pneumonia — How long: 4 months

Immediate: Gastritis — How long: 6 weeks

Are the name, age, sex, color, date and place correctly given above? —

Signature of Physician: Jno. S. Green

Address: Gittings

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: John Kenly col'd

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cedar or Pork P.O. County: Harford

Date of death 1904: Month: June Day: 17 Years: Age 28 Months: Days:

Sex: Male Color: ~~Red~~ Blk Birth-place: Cedar

Married, Single or Widowed: —— Occupation:

Name of Wife or Husband: ——

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Henry Lee Father's Birthplace: Harford Co

Mother's Maiden Name: Mary Jane Kenly Mother's Birthplace: Harford Co

Name of person giving In formation: John H. Bradbury How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid fever How long: 6 weeks

Immediate: Exhaustion How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Eph W Hopkins

Address: Darlington Md

Accident or Suicide?

LIBRARY BUREAU A98816

Name in Full

Certificate of Death

Louis Lisby

Town

County Harford

Died at MARYLAND

Month	Day	Age Y.	M.	D.	Native of	Occupation
June	28	—	5	—	Md	—

Date 1904

Male / Female (Female struck)

White / Colored (White struck)

Married / Single

Widow / Widower

Divorced

Number of children living

Husband of —

Wife

Father's Name

Mother's Maiden Name Carrie Lisby

Cause of Death — Primary

Immediate Cholera Infantum

How long sick 1 week

Accident, Suicide, Homicide

Reported by J. L. Hopkins

Address Havre de Grace Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70929

Name in Full: Annie Mayne Little

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Cadelton (County) Harford

Date of death 1904 (Month) June (Day) 16

Age (Years) 33 (Months) — (Days) —

Sex F

Color or Race White

Birthplace York Co. Penn

Married, ~~Single or Widowed~~

Occupation Housewife

~~Name of Wife or~~ Husband: Archibald Little

Father's Name: —

Father's Birthplace: —

Mother's Maiden Name: —

Mother's Birthplace: —

Name of person giving information: Husband

How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Supposed to be Brights disease — How long: —

Immediate: Childbirth — How long: Immediate

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Ephm Hopkins M.D

Address: Darlington

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Margaret Lloyd.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cardiff. County: Harford.

Date of death 1904: Month: 6. Day: 11. Age: Years: 73. Months. Days.

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female. Color or Race: white. Birthplace: Wales.

Occupation. Where Residing if not at place of death.

~~Married, Single~~ or Widowed. Name of Wife or Husband: Edward Lloyd

Father's Name. Father's Birthplace.

Mother's Maiden Name. Mother's Birthplace.

Name of person giving Imformation: Griffith Evans. How related to deceased: Brother.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary. How long.

Immediate: Cancer. How long: 7 years

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. C. McCurdy

Address: Cardiff Md.

Accident or Sulcide?

LIBRARY BUREAU A89516

Name in Full: L Mary Mayfield

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Stut County: Harford

Date of death 1904: Month: June Day: 14 Age: Years: 38 — Months: Days:

Sex: Female Color or Race: Negro Birthplace: Harford Co

Married, Single or Widowed: Married Occupation: Domestic

Name of Wife or Husband: Jonnie Mayfield

Father's Name: Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving Information: How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

Primary: Child Birth How long:

Immediate: How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr F H Cottman

Address: Stut Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Martha Anne Paslett

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Taylor — County: Harford

Date of death 1904 — Month: June — Day: 25

Age — Years: 34 — Months: 1 — Days: 9

Sex

Color or Race: White

Birthplace: Taylor

Married, Single or Widowed: Married

Occupation: Housewife

Name of Wife or Husband: David Paslett

Father's Name: Sylvester Phelps

Father's Birthplace: Cooptown

Mother's Maiden Name: Susanna Arthur

Mother's Birthplace: Jarrettsville

Name of person giving Information

How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Typhoid Fever — How long: 4 Weeks

Immediate: Peritonitis Perforation of Bowels — How long: 6 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Martin L Jarrett

Address: Jarrettsville Md

Accident or Suicide?

PHYSICIAN OR CORONER

8

LIBRARY BUREAU A88818

Name in Full: Emily Stump

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Dublin — County: Harford

Date of death 1904: Month: 6 — Day: 4 — Age: Years: 4 — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: Harford Co

Married, Single or Widowed: Single — Occupation: —

Name of Wife or Husband:

Father's Name: Elmer Stump — Father's Birthplace: Harford Co

Mother's Maiden Name: Mamie Stump — Mother's Birthplace: Harford Co

Name of person giving In formation: C. W. Fannon — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis of Lungs — How long: —

Immediate: " — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. C. W. Fannon

Address: Street Road

Accident or Suicide?

LIBRARY BUREAU A86516

Name in Full: Waters

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Mountain — (County): Harford Co

Date of death: Month: June — Day: 9th — Age: Years: — Months: — Days: 2

Sex: Female — Color or Race: Negro — Birthplace: Mountain

Occupation: — — Where Residing if not at place of death: —

Married, Single or ~~Widowed~~ — Name of Wife or Husband: — —

Father's Name: Jacob Waters — Father's Birthplace: Maryland

Mother's Maiden Name: Nettie Waters — Mother's Birthplace: "

Name of person giving Imformation: Dr Keyser — How related to deceased: Physician

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Was prest. a still brod - but was finely revived about 6 hours for 2 days - Mother has had formed deliv wh. required forcible instrumental delivery - Dr Grant is acquainted at confinement — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A H J Keyser M.D.

Address: Baldwinville, Md.

Accident or Suicide?

LIBRARY BUREAU A8501B

Name in Full: Ethel Webster

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Berkley; County: Harford

Date of death 1904: Month: June; Day: 19

Age: Years: 20; Months: —; Days: —

Sex: Female; Color or Race: Colored; Birthplace: Berkley

Married, Single or Widowed: Single; Occupation: Housegirl

Name of Wife or Husband:

Father's Name: Charles H Webster; Father's Birthplace: Md

Mother's Maiden Name: Sarah Berry; Mother's Birthplace:

Name of person giving information: Charles H Webster; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Typhoid Fever; How long: Six weeks

Immediate: Heart failure; How long: two days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. B. Webster

Address: Darlington, Md.

Accident or Suicide?

PHYSICIAN OR CORONER